

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2627

FILED FEB 12 1942

State File No. ....

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 210 Broad St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks (Specify whether  
In this community 3 weeks years, months or days)

3. (a) PRINT FULL NAME

Laurie Hans Olson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Ella Olson

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Aug-2-1870 (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Houston (City, town, or county) 1 Minn (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Lore Olson  
13. Birthplace Nordum (City, town, or county) 4 Norway (State or foreign country)  
14. Maiden name Mary E. Jacobsen  
15. Birthplace Nordum (City, town, or county) 4 Norway (State or foreign country)

16. (a) Informant Mrs. J. W. Rosemoor

(b) Address Warrensburg

17. (a) Burial (Burial, cremation, or removal) (b) Date there Jan. 10-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg Mo

19. (a) Jan 10-42 (Date received local registrar) (b) Gold M. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Cherokee Township (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1942 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from 72 31 1941, to Jan 8 1942  
that I last saw him alive on Jan 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 yr

Due to Myocardium - cardio-vascular disease

Due to Bi-lateral broncho-pneumonia 5 days  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d  
Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. John M. D. F. (M. D. or other) Dr. Williams  
Address Warrensburg, Mo Date signed 1/9/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number

File No. *2-11-42*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

*Earl Priest*

Registered Apprentice No.

working under my personal supervision.

Signed

*Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.